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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 044000001		CITY OR TOWN	GEORGETOWN
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSIN		/N POST #7608 VFW (	OF U.S. INC.	
	GEORGETOWN	STATE: MA	ZIP CODE:	01833
		TYPE OF LICENSE: C		ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
		AND LAVATORIES.  M, BAR AND PLAYRO		CKROOM,
I hereby certify	and swear under pena	lties of perjury that:		
1. the 1	renewed license will be	e of the same type for th	e same premises now	v licensed;
	•	with all laws of the Com for business (If not exp	•	to taxes; and
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the hea	nd of the fire depart	red by Chapter 304 of the ement for the above Chapter 116 of the Acts
Please Check Belo APPROVED:	<u>w:</u>			SING AUTHORITY
DISAPPROVE (If disapproved			By: 	
DATE:				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 044000004		CITY OR TOWN C	GEORGETOWN
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: 19 WEST MAIN S	STREET INC		
DOING BUSINESS A RORY O' CONN	OR'S IRISH PUB		
ADDRESS 017-19 WEST MAIN ST.			
CITY/TOWN: GEORGETOWN	STATE: MA	ZIP CODE:	01833
MANAGER: GIBLIN, VINCENT TY A.	PE OF LICENSE: Rest	aurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
I hereby certify and swear under penalties			
1. the renewed license will be of	* *	-	
2. the licensee has complied with		=	axes; and
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
		(Note: NOT Individ	dual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departme	nt for the above
Please Check Below:		LOCAL LICENSIN	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 044000007		CITY OR TOWN GEORGE	ETOWN
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CJLIQUO	ORS,INC		
DOING BUSINESS A THE LIQ	UOR BARN		
ADDRESS 69 E MAIN ST			
CITY/TOWN: GEORGETOWN	STATE: MA	ZIP CODE: 01833	
MANAGER: COPPOLA, JOHN	N F TYPE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
2. the licensee has compl 3. the premises are now of SIGNED BY	ill be of the same type for the ied with all laws of the Commopen for business (If not explanation). Partner or Authorized Corpo	nonwealth relating to taxes; and tin below)	1
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 044000008		CITY OR TOWN	GEORGETOWN
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: GEORGETO	WN LIQUORS, INC.		
DOING BUSIN	NESS A			
ADDRESS 103	EAST MAIN ST			
CITY/TOWN:	GEORGETOWN	STATE: MA	ZIP CODE:	01833
	DELORENZO, JOHN B	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
TWO ROOMS: EXITS	; ONE FOR SALES	ROOM, ONE FOR STO	CK ROOM. 2 ENTRA	ANCES AND THREE
	premises are now ope	artner or Authorized Corp	olain below)	o tuxes, and
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVE	D		By:	
(If disapproved				
DATE:				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	044000011		CITY OR TOWN GEORGE	TOWN
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A				
ADDRESS 62 CENTI	RAL ST			
CITY/TOWN: GEOI	RGETOWN	STATE: MA	ZIP CODE: 01833	
MANAGER: CROS A.	BY, DAVID T	TYPE OF LICENSE: Pac	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF L		R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
2. the licensee	d license will be has complied w	of the same type for the	same premises now licensed; monwealth relating to taxes; and ain below)	
	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 044000014		CITY OR TOWN	GEORGET	OWN
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 21 WES'	A PIZZA FACTOR	Y			
CITY/TOWN: GEO		STATE: MA	ZIP CODE:	01833	
MANAGER: PAPA		PE OF LICENSE: Re		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
FAMILY RESTAUF	RANT, 2 EXITS 2 E	NTRANCES			
2. the license	ed license will be of ee has complied with ses are now open for	all laws of the Com	monwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)44000015		CITY OR TOWN GEORG	iETOWN
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	RYBO'S BISTRO IJ	i, INC		
DOING BUSINESS A	KEON'S FACTOR	Y AT THE BLACE	K SWANN	
ADDRESS 258 ANDO	OVER ST			
CITY/TOWN: GEOR	.GETOWN	STATE: MA	ZIP CODE: 01833	
MANAGER: BOISV J	ERT, ALAN TYPI	E OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISI	ES:		
3 STORY BLDG, CONFUNCTION ROOMS,			PATIO; 2ND FLOOR CONSI COURSE	ISTING OF
I hereby certify and sw	ear under penalties o	of perjury that:		
1. the renewed	license will be of the	ne same type for the	same premises now licensed;	
2. the licensee	has complied with a	all laws of the Comr	nonwealth relating to taxes; ar	nd
3. the premises	s are now open for b	ousiness (If not expla	ain below)	
SIGNED BY			0.00	
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:			EMPLOYED IDENTIFIC	CATIONANADED
DATE.	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, signed l	by the building insp	pector and the head	e certificate required by Chalof the fire department for the rance required by Chapter 2	the above
Please Check Below:			LOCAL LICENSING AUT	ГНОRITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	<b>()</b>			
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	L: 044000016		CITY OR TOWN	GEORGET	OWN
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	COACH'S LOCK	ER ROOM, LLC			
DOING BUSINESS	A COACH'S ROC	K POND PUB			
ADDRESS 203 WES	ST MAIN ST				
CITY/TOWN: GEO	ORGETOWN	STATE: MA	ZIP CODE:	01833	
	EKENZIE, TY IERON	YPE OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I					
		MS AND KITCHEN ( GE ROOM, 3 FRONT			
I hereby certify and s	wear under penaltic	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	same premises nov	w licensed;	
2. the license	ee has complied wit	th all laws of the Com	nonwealth relating	to taxes; and	
3. the premis	ses are now open fo	or business (If not expl	ain below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TEI EPHO	NE NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
	TELET HO	IVE IVONIBER.	(Note: NOT In	ndividual Social S	ecurity Number)
Acts of 2004, signed	l by the building i	re in possession (1) the nspector and the head of liquor liability insu	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:			-		
D.1111.					